

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17049

PLACE OF DEATH

County Vernon
Township.....
City Nevada (No.....)

Registration District No. 875
Primary Registration District No. 3039

File No.....
Registered No. 137
St..... Ward)

2. FULL NAME Christine Broeker

(a) Residence. No..... St.,..... Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1854

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
74 | 7 | 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Homekeeper 935 1118
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Bruce Long
(Address) Nevada, Mo.

15. FILED 6/7/29 E. R. King REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 1929

17. I HEREBY CERTIFY That I attended deceased from Apr 2, 1929, to Apr 5, 1929 that I last saw h. Apr 4 alive on Apr 4, 1929 and that death occurred, on the date stated above, at 12:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regeneration
C Pulmonary edema,
(duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY).....
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9006
IN WHAT PLACE OF DEATH.....

0 DID AN OPERATIVE PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed)..... W. Stone, M. D.

Apr 5, 1929 (Address) Nevada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deepwood Cemetery | **DATE OF BURIAL** Apr 6 1929

20. UNDERTAKER Allen J. Long
Deepwood Cemetery Nevada Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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28 1929 JUN

